| PATENT APPLICATION FEE DETERMINATION RECOR                                                                                       |             |                                           |                             |                                 |                  |    |                    | D96990Z                |    |                     |                         |  |
|----------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------|-----------------------------|---------------------------------|------------------|----|--------------------|------------------------|----|---------------------|-------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                   |             |                                           |                             |                                 |                  |    | MALL E             | NTITY                  | OR | OTHER               |                         |  |
| TOTAL CLAIMS                                                                                                                     |             |                                           | 39                          |                                 |                  |    | RATE               | FEE                    |    | RATE                | FEE                     |  |
| FOR                                                                                                                              |             |                                           | NUMBER FILED                | NUMB                            | NUMBER EXTRA     |    | BASIC FEE          | 355.00                 | OR | Basic Fee           | 710.00                  |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                          |             |                                           | 39 minus 20= *              |                                 | 9                |    | X\$ 9=             |                        | ОЯ | X\$18=              | 34250                   |  |
| INDEPENDENT CLAIMS                                                                                                               |             |                                           | 6 minus 3 =                 |                                 | 3                |    | X40≃               | ·                      | OR | X80=                | 24000                   |  |
| MULTIPLE DEPENDENT CLAIM PI                                                                                                      |             |                                           | ESENT                       |                                 |                  |    | +135=              |                        |    | +270=               | 7000                    |  |
| * If the difference in column 1 is lass than zero, enter "0" in column 2                                                         |             |                                           |                             |                                 |                  |    | TOTAL              |                        | OR | TOTAL               | 1000.00                 |  |
| CLAIMS AS AMENDED - PART II                                                                                                      |             |                                           |                             |                                 |                  |    | IOIAL              |                        | OR | OTHER               | 1220                    |  |
| (Column 1) (Column 2) (Column 3)                                                                                                 |             |                                           |                             |                                 |                  |    | SMALL              | ENTITY                 | OR | SMALL               |                         |  |
| AMENDMENT A                                                                                                                      |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | NUI<br>PREV                 | HEST<br>MBER<br>NOUSLY<br>OFOR  | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE  |  |
|                                                                                                                                  | Total       | .34                                       | Minus - 3                   | 9                               | -                |    | X\$ 9=             |                        | OR | X\$18=              |                         |  |
|                                                                                                                                  | Independent | · 3                                       | Minus •••/                  | T CLASS                         |                  |    | X40=               |                        | OR | X80=                |                         |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                   |             |                                           |                             |                                 |                  |    | +135=              |                        | OR | +270=               |                         |  |
|                                                                                                                                  |             |                                           |                             |                                 |                  |    | TOTAL<br>DDIT, FEE |                        | OR | TOTAL<br>ADDIT, FEE |                         |  |
| 11                                                                                                                               | 16.04       | (Column 1)                                |                             | ımn 2)                          | (Column 3)       |    |                    |                        |    |                     | 1                       |  |
| AMENDMENT B                                                                                                                      |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | NUI<br>PREV                 | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA |    | RATE               | ADDI:<br>TIONAL<br>FEE |    | RATE                | ADD/-<br>TION/AL<br>FEE |  |
|                                                                                                                                  | Total       | .24                                       | Minus                       | 39                              | 6                |    | X\$ 9=             |                        | OR | X\$18=              |                         |  |
|                                                                                                                                  | Independent | NTATION OF M                              | Minus •••  PLTIPLE DEPENDEN | T CI AIM                        | =                |    | X40=               |                        | OR | X80=                |                         |  |
| <u>J.,</u>                                                                                                                       | 14,27       |                                           | :                           |                                 |                  | 1  | +135=              |                        | OR | +270=               |                         |  |
| ٠,                                                                                                                               | ' / '       | •                                         |                             |                                 |                  | A  | TOTAL<br>DOT. FEE  |                        | OR | TOTAL<br>ADDIT. FEE |                         |  |
|                                                                                                                                  |             | (Column 1)                                |                             | ımn 2)<br>HEST                  | (Column 3)       |    |                    | ι                      |    |                     | <u>'</u>                |  |
| AMENDMENT C                                                                                                                      |             | REMAINING<br>AFTER<br>AMENDMENT           | NUI<br>PREV                 | MBER<br>HOUSLY<br>D FOR         | PRESENT<br>EXTRA | ŀſ | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE  |  |
|                                                                                                                                  | Total       | •                                         | Minus                       |                                 | = '              | lΓ | X\$ 9=             |                        | OR | X\$18=              |                         |  |
|                                                                                                                                  | Independent |                                           | Minus •••                   |                                 | 3                | lt | ×40=               |                        | OR | X80=                |                         |  |
|                                                                                                                                  | FIRST PRESE | NTATION OF M                              | JLTIPLE DEPENDEN            | IT CLAIM                        |                  | 1  | 405                |                        |    |                     |                         |  |
| #135= If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  TOTAL                                 |             |                                           |                             |                                 |                  |    |                    |                        | OR | +270=<br>TOTAL      |                         |  |
| ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE                 |             |                                           |                             |                                 |                  |    |                    |                        |    |                     |                         |  |
| The "Highest Number Previously Petri For" (Total or Independent) is the highest number found in the appropriate box in column 1. |             |                                           |                             |                                 |                  |    |                    |                        |    |                     |                         |  |

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